

**Youth Opportunity Boston
Transitional Employment Services
Work Readiness Level**

A P P L I C A T I O N

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____ Pager/Cell: _____

School _____ Last grade completed _____

What times are you available to work?

	Monday	Tuesday	Wednesday	Thursday	Friday
From:					
To:					

How have you participated with Youth Opportunity? _____

Who, of the Youth Opportunity staff, knows you best? _____

Have you completed an Intake & Assessment?

- ☐ Yes, with whom? _____
- ☐ No

In case of an emergency, please provide someone we may contact, during the hours of the program:

Name _____ Relationship _____

Address _____ Phone _____

I hereby verify that I have been truthful on this application, and that all the information contained herein is true.

Signature

Date

Youth Opportunity Boston Transitional Employment Services Work Readiness Level	
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A P P L I C A T I O N

Please tell us in your own words:

Why are you interested in working for the Transitional Employment Services–Work Readiness Level?

What do you hope to gain from the experience?

What can you contribute to the Youth Opportunity Boston?

[illegible]